

Amended

CHAPTER 13 PLAN

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF MISSISSIPPI

CASE NO: 17-13814

Median Income: Above Below

Debtor James Holloway SS#XXX-XX-6867 Current Monthly Income \$ 4,136.40

Jt. Debtor Quintina Holloway SS#XXX-XX-8994 Current Monthly Income \$ 936.20

Address 193 Pearline Lane, Starkville, MS 39759 No. of Dependents 3

THIS PLAN DOES NOT ALLOW CLAIMS. Creditors must file a proof of claim to be paid under any plan that may be confirmed. The treatment of ALL secured and priority debts must be provided for in this plan.

PAYMENT AND LENGTH OF PLAN

The plan period shall be for a period of 60 months, not to be less than 36 months for below median income debtor(s), or less than 60 months for above median income debtor(s).

(A) *A* Debtor shall pay \$ 299.10 per (monthly, semi-monthly, week, or bi-weekly) to the Chapter 13 Trustee. Unless otherwise ordered by the Court, an Order directing payment shall be issued to Debtor's employer at the following address:

Southwire

One Southwire Drive

Carrollton, GA 30119

(B) *A* Joint Debtor shall pay \$ 432.03 per (monthly, semi-monthly, weekly, or bi-weekly) to the Chapter 13 Trustee. Unless otherwise ordered by the Court, an Order directing payment shall be issued to Debtor's employer at the following address:

TFS Draft on the 15th & last day of month

PRIORITY CREDITORS. Filed claims that are not disallowed to be paid in full or as ordered by the Court as follows:
Internal Revenue Service: \$ _____ @ \$ _____ /mo

MS Dept. of Revenue: \$ _____ @ \$ _____ /mo Other/ _____ : \$ _____ @ \$ _____ /mo

DOMESTIC SUPPORT OBLIGATIONS. DUE TO:

POST PETITION OBLIGATION: In the amount of \$ _____ per month beginning _____.
To be paid direct, through payroll deduction, or through the plan.

PRE-PETITION ARREARAGE: In the amount of \$ _____ through _____ which shall be paid in the amount of \$ _____ per month beginning _____.
To be paid direct, through payroll deduction, or through the plan.

HOME MORTGAGES. All claims secured by real property which are to be paid through the plan shall be scheduled below. Absent an objection by a party of interest, the plan will be amended consistent with the proof of claim filed herein, subject to the state date for the continuing monthly mortgage payment proposed herein

MTG PMTS TO: 21st Mortgage BEGINNING December 2017 @\$ 703.00 [Insurance Included]

PLAN DIRECT

MTG PMTS TO: _____ BEGINNING _____ @\$ _____ PLAN DIRECT

MTG PMTS TO: _____ BEGINNING _____ @\$ _____ PLAN DIRECT

MTG ARREARS TO: 21st Mortgage THROUGH November 2017 \$ 1406.00 @\$ 23.43 /MO

MTG ARREARS TO: _____ THROUGH _____ \$ _____ @\$ _____ /MO

MTG ARREARS TO: _____ THROUGH _____ \$ _____ @\$ _____ /MO

Debtor's Initials /s/JH Joint Debtor's Initials /s/QH CHAPTER 13 PLAN, PAGE 1 OF 3

MORTGAGE CLAIMS TO BE PAID IN FULL OVER PLAN TERM:

Creditor: _____ Approx. amt. due: _____ Int. Rate: _____

Property Address: _____ Are related taxes and/or insurance escrowed Yes No

Creditor: _____ Approx. amt. due: _____ Int. Rate: _____

Property Address: _____ Are related taxes and/or insurance escrowed Yes No

NON-MORTGAGE SECURED CLAIMS. Creditors that have filed claims that are not disallowed are to retain lien(s) pursuant to 11 U.S.C. § 1325(a)(5)(B)(i)(I) until the payment of the debt determined as under non-bankruptcy law or discharge. Such creditors shall be paid as secured claimants the sum set out below or pursuant to other order of the Court. The portion of the claim not paid as secured shall be treated as a general unsecured claim.

<u>CREDITOR'S NAME</u>	<u>COLLATERAL</u>	910* <u>CLM</u>	APPROX. <u>AMT. OWED</u>	INT. <u>VALUE</u>	TOTAL AMT. <u>RATE</u>	MONTHLY <u>TO BE PAID</u>	<u>PAYMENT</u>
MS Title Loan	2005 Expedition	<input type="checkbox"/>	3202.95	4000.00	5 %	3626.62	60.44
A State Farm Bank	2016 Charger	<input checked="" type="checkbox"/>	39,931.00	25,065.00	3.5 %	43,640.36	727.34
A State Farm Bank	(See Special Claimants)	<input type="checkbox"/>			%		
State Farm Bank	2013 Chrysler 300	<input type="checkbox"/>	24,906.00	18,607.50	4.5 %	20,814.00	346.90
First Franklin	NPM:Exempt	<input type="checkbox"/>	784.00	25.00	5 %	28.31	Lump Sum
Republic	NPM:HHgoods	<input type="checkbox"/>	4900.00	2400.00	5 %	2717.46	45.29

*The column for "910 CLM" applies to both motor vehicles and "any other thing of value" as used in the "hanging paragraph" of 11 U.S.C. § 1325

SPECIAL CLAIMANTS including, but not limited to, co-signed debts, abandonment of collateral, direct payments by Debtor, etc. For all abandoned collateral Debtor will pay \$0.00 on the secured portion of the debt. Where the proposal is for payment, creditor must file a proof of claim to receive proposed payment.

<u>CREDITOR'S NAME</u>	<u>COLLATERAL OR TYPE OF DEBT</u>	<u>APPROX. AMT. OWED</u>	<u>PROPOSAL TO BE PAID</u>
World Finance	NO UCC - Exempt	440.00	Pay as unsecured
A State Farm Bank	Surrender-2017 Explorer	\$36,681.00	Extinguish Debt

STUDENT LOANS which are not subject to discharge pursuant to 11 U.S.C. §§ 523(a)(8) and 1328(c) are as follows (such debts shall no be included in the general unsecured total):

<u>CREDITOR'S NAME</u>	<u>APPROX. AMT. OWED</u>	<u>CONTRACTUAL MO. PMT.</u>	<u>PROPOSED TREATMENT</u>

SPECIAL PROVISIONS which may apply to any or all payments to be paid through the plan, including, but not limited to, adequate protection payments:

The Individual plan payments to creditors shall constitute adequate protection payments to Creditors pursuant to this Court's standing order.

Debtor's Initials /s/JH

Joint Debtor's Initials /s/QH

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GENERAL UNSECURED CLAIMS total approximately \$ **54,267.01**. Such claims must be **timely filed** and not disallowed to receive payment as follows: IN FULL (100%), 0 % (percent) MINIMUM, or a total distribution of \$ 0.00, with the Trustee to determine the percentage distribution. ***Those general unsecured claims not timely filed shall be paid nothing, absent order of the Court.***

****Debtors will pay 0 to all unsecured creditors whose claims are unenforceable because they are barred by statute of limitations.**

Total Attorney Fees Charged \$ 3,400.00

Pay administrative costs and debtor's attorney fees pursuant to Court Order and/or local rules.

Attorney Fees Previously Paid \$ 0.00

Attorney fees to be paid through the plan \$ 3,400.00

Name/Address/Phone # of Vehicle Insurance Co./Agent

Attorney for Debtor (Name/Address/Phone #/Email)

**William C. Cunningham, 7964
P.O. BOX 624
COLUMBUS, MS 39703
Telephone 662-329-2455**

Telephone/Fax _____

DATE: January 24, 2018

DEBTOR'S SIGNATURE

/s/James Holloway

JOINT DEBTOR'S SIGNATURE /s/Quintina Holloway

ATTORNEY SIGNATURE

/s/William C. Cunningham